

**Application Data Sheet****Application Information**

Application number:: 09/724,953  
 Filing Date:: 11/28/00  
 Application Type:: Regular  
 Subject Matter:: Utility  
 Sequence Submission:: Yes  
 Computer Readable Form (CRF)?:: Yes  
 Number of copies of CRF:: 1  
 Title:: PREVENTION AND TREATMENT OF  
 AMYLOIDOGENIC DISEASE  
 Attorney Docket Number:: 15270J-005913US

**Representative Information**

Representative Customer Number:: 20350

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/585,817	06/01/00
09/585,817	nonprovisional of	60/134,010	06/01/99

<u>09/585,817</u>	<u>An application claiming the benefit under 35 USC 119(e)</u>	<u>60/134,010</u>	<u>06/01/99</u>
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<u>This Application</u>	<u>Continuation</u>	<u>09/585,817</u>	<u>06/01/00</u>
<u>09/585,817</u>	<u>Continuation-in-part of</u>	<u>09/580,015</u>	<u>05/26/00</u>
<u>09/580,015</u>	<u>Continuation-in-part of</u>	<u>09/322,289</u>	<u>05/28/99</u>
<u>09/322,289</u>	<u>Continuation-in-part of</u>	<u>09/201,430</u>	<u>11/30/98</u>
<u>09/201,430</u>	<u>An application claiming the benefit under 35 USC</u>	<u>60/080,970</u>	<u>04/07/98</u>

09/201,430      119(e)  
An application claiming      60/067,740      12/02/97  
the benefit under 35 USC  
119(e)

**Assignee Information**

Assignee Name:: Neuralab Limited  
Street of mailing address:: 102 St. James Court  
City of mailing address:: Flatts, Smiths  
State or Province of mailing address::  
Country of mailing address:: Bermuda  
Postal or Zip Code of mailing address:: FL 04